

Application Data Sheet**Application Information**

Application Type:: National Stage
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of Copies of CDs::
Sequence Submission?:: None
Computer Readable Form (CRF):: No
Number of copies of CRF:: 0
Title:: BIOACTIVE BOXES FOR CELLULAR
CULTURES
Attorney Docket Number:: 0508-1162
Request for Early
Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets::
Small Entity?:: No
Latin Name::
Variety Denomination Name::
Petition Included?:: No
Petition Type::
Licensed US Gov't Agency::
Contract or Grant Numbers::
Secrecy Order in Parent No
Appl.?::

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: MARIE-DANIELLE
Middle Name::
Family Name:: NAGEL
Name Suffix::
City of Residence:: BETHENY
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 15, ALLEE SAINT EXUPERY
Address::
City of Mailing Address:: BETHENY
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-51450

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: GILBERT
Middle Name::
Family Name:: LEGEAY
Name Suffix::
City of Residence:: SAINT SATURNIN
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 12, RUE DE L'EGLISE
Address::
City of Mailing Address:: SAINT SATURNIN

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-72650

Correspondence Information

Correspondence Customer 00466

Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR2004/003031	11/26/04

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
FRENCH	03/13993	11/28/03	Yes

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::